

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ (DOD OVERLAY)

DATE VACCINATED: \_\_\_\_/\_\_\_\_/\_\_\_\_ VACCINE LOT # \_\_\_\_\_ VACCINATED BY \_\_\_\_\_

CONTACT TRACER: Name \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ DATE BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ SSN \_\_\_\_\_

STATUS: ? ACTIVE ? GUARD/RESERVE ? RETIRED ? FAMILY FMP - SPONSOR SSN \_\_\_\_\_

SERVICE \_\_\_\_\_ UNIT NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

EXPOSURE TO CASE ID# \_\_\_\_\_ CASE SSN# \_\_\_\_\_

DATE OF 1<sup>ST</sup> EXPOSURE: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF LAST EXPOSURE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Information on this form is subject to the Privacy Act of 1974.)

Date	Type of Contact	Time of Contact	Signs and Symptoms				Vaccination Site*	Meds taken since last contact	Contacted By
			Temp °F	Yes or No					
				Head-ache	Back-ache	Malaise			
	Visual								
	Phone								
	Visual								
	Phone								
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\*From the following list, choose the letter closest to the bottom of the list that describes the vaccination site.  
For example, if the vaccination site is read and indurated on a particular day, you would write only the letter "I."

O – No Reaction  
R – Redness  
I – Induration

P – Papule, Pustule  
U – Ulcer  
S – Scab

(DOD OVERLAY)

Secondary contact Information (household contacts of case contacts)

List all secondary contacts including family members, visitors, workers in household since date that contact was exposed to case  
(Information on this page is subject to the Privacy Act of 1974.)

o	Last Name/ First Name	Age yrs	Sex M/ F	Relation	Other Phone #	Social security #	FMP- Sponsor Social Security #	Status: Active Guard/Reserve Retired Family	Service/ Unit Name	Address (if different from contact) #/Street/Apt City State Zip	Vacc date	Day7 VaccSiteStatus Y:like photo card OR N:other status, and RV:need revaccination, or NRV: no revac need, (N / RV referred to: )	Severe Reaction Y/N: describe Type, Onsetate Referred to: